CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	1 a NAME OF CO.	ANALTYCE					
January 26, 2015	2. NAMEOFCOM		Canifor				
2. SHORTNAME OF COMMITTEE (IF APPLIC	Citizens fo	or Fiscai	Sanity				
	ADIL)						
voteno3.org							
ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone		
1701 Sweetbriar Ave.	Nashville		TN	37212	615-289-1397		
4. MEASURES SUPPORTED OR OPPOSE)						
Amendment 3							
5.A. NAME OF POLITICAL TREASURER				5.B.	DATEAPPOINTED		
William W. Howell				Jan	uary 14, 2015		
6. CATEGORY OR REPORT (Check one)	CO21						
FIRST SECOND THIRD	FOURTH	PRE-	LLI PRE-	L.) MID-YEAR	YEAR-END		
QUARTER QUARTER QUARTE		PRIMARY	GENERAL	SUPPLEMENTA			
7.A. BEGINNING DATE OF REPORTING PERIOD	11	7.B. ENDIN	G DATE OF REF	PORTING PERIOD			
October 26, 2014		Janua	ary 15, 20)15			
8. (Check one)							
A. This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.) B. X This committee is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures.							
tures requried to be reported by po	litical campaign comm	littees by the	Campaign Fina	ncial Disclosure Act.	,		
	1.1-11 /	, 21	1.				
	Williamle	, , , , , , ,	<u>u</u>		1/26/2015		
		signature of	political treasu	rer	date		
9. WITNESS SIGNATURE							
	A .	Ι.	00		. 7 7		
	high	hi	llw	2	1/26/15		
		signature	of witness		- date /		
10. SUMMARY							
a. BALANCE ON HAND LAST REPORT.	***************************************		***************************************	_s 7.008.16	_		
b. TOTAL RECEIPTS THIS PERIOD	*************************	*******************		<u>\$ 14.915</u>			
c. TOTAL DISBURSEMENTS THIS PERIOR)			\$ _13,204.0-			
d. BALANCE ON HAND (10.a. plus 10.b	minus 10.c.)		***************************************	•••••	s 2.688.62		
e. TOTAL LOANS OUTSTANDING					\$		
f. TOTAL OBLIGATIONS OUTSTANDIN	G				s -0-		
TOTAL ODLIGATIONS OF TANDER			***************************************	***************************			

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD
Citizens for Fiscal Sanity	FROM: 10/26/14 TO: 1/15/2015
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	0.005
a. Unitemized Contributions (\$100 or less from each source this period)	
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	
14. LOANS RECEIVED THIS REPORTING PERIOD	
15. INTEREST RECEIVED THIS REPORTING PERIOD	
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>14,915</u>
DISBURSEMENTS	
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by gasoline)	category - e.g., printing, postage,
\$	
\$	
\$	
\$\$	_
\$\$	
\$	
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)	\$ <u>19,234.54</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	<u> </u>
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in Item 10.c.)	\$ <u>19,234.54</u>
20.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$
b. Itemized In-kind contributions (over \$100 from each source this period)	\$ 12,093.54
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.	.) \$ <u>12,093.54</u>
21.LOANS	_
LOANS OUTSTANDING (must be shown in item 10.e.)	s0
22.OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i ite	



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE 2. REPORT COVE					
Citizens for Fiscal Sanity FROM:10/26/					
3. TOTAL !TEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					
		CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100		during the period)	
First Name	M.I.	Lest NemerOrganization Name Tennesseans for Fair Taxation		Amount of Contribution	
Address P. O. Box 68427	1	Torricoscario for Fair Taxation			
Nashville	State TN	Zip Code 37206		\$8,100	
Occupation					
Employer					
First Name David	M.I.	Last Name/Organization Name Fardon		Amount of Contribution	
1 Sharonwood Dr.					
Nashville	State TN	Zip Code 37215		\$250	
Occupation Attorney					
Employer Harwell, Howard, Hyn	ie, Ga	bbert & Manner			
First Name Calvin	M.I.	Last Name/Organization Name VIIIIer		Amount of Contribution	
6744 Pennywell Dr.	3111				
Nashville TN 37205					
Occupation educator					
Employer Vanderbilt University					
First Name Anne	M.I.	Last Name/Organization Name Mayhew		Amount of Contribution	
1400 Kenesaw Ave.	Totalo	Zip Code			
Knoxville	State	37919		\$200	
Occupation retired					
Employer					
First Name Ann & Dave	M.I.	Last Name/Organization Name Hake		Amount of Contribution	
3524 Timberlake Rd.	18:-	I.T. O.d.			
Knoxville	State	ZipCode 37920		\$300	
Occupation Best Effort Made					
Employer		W MOWE W V MARKET WAS A STATE OF THE STATE O			
5.TOTAL ITEMIZED CONTRIBUTIONS				8	
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)					

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE				RING THE PERIOD		
Citizens for Fiscal Sanity			FROM:10/26/1	40: 1/15/15 Amount		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS	,	CHITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor			
First Name Marion	MI. R	Last Name/Organization Name Burger		Amount of Contribution		
Address 116 Tamara Lane						
Oak Ridge	State	21p Code 37830		\$250		
Occupation retired						
Employer	,					
First Name Nellrose	M.I.	Last Name/Organization Name Levin		Amount of Contribution		
Address 1611 Forrest Ave.						
Nashville	State TN	ZipCode 37206		\$200		
Occupation Executive Director						
Employer Tennessee Alliance for	or Pro	gress				
First Name Lucy & Richard	M.I.	Last Name/Organization Name Henighan		Amount of Contribution		
619 Mountain View						
Seymour	State	37865		\$250		
Occupation retired						
Employer						
First Name John	M.I.	Last Name/Organization Name Noel		Amount of Contribution		
3810 Bedford Ave.						
Nashville	State	37215		\$250		
Occupation CEO						
Investment Real Esta	ate			10		
First Name Lindsay	M.I.	Last Neme/Organization Name McDonough		Amount of Contribution		
Address 2135 Lyons Bend Rd.						
Knoxville	State	37919		\$1,000		
Occupation retired						
Employer						
5.TOTAL ITEMIZED CONTRIBUTIONS				\$11,000		
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)						

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE				RING THE PERIOD		
Citizens for Fiscal Sanity		3	FROM:10/26/1			
3. TOTAL ITEMIZED CAMPAIGN CON	ITRIBUT	IONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	ge)	Amount \$11,000		
	FOR EA	CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	during the period)		
First Name Faith	M.I.	Lest Name/Organization Name YOUNG		Amount of Contribution		
1004 Tillman Dixon Hwy	٧.					
Dixon Springs	State TN	Zip Code 37057		\$150		
Occupation retired						
Employer						
First Name William	M.I. A	Last Name/Organization Name Hotz		Amount of Contribution		
1705 Cove Creek Lane						
Knoxville	State TN	^{Zip Code} 37919		\$200		
Occupation Best Effort Made						
Employer						
First Name Victoria	M.I.	Last Name/Organization Name Heil		Amount of Contribution		
6130 S. Mt. Juliet Rd.						
^{cily} Hermitage	State TN	ZIp Code 37076		\$200		
Occupation retired						
Employer						
First Name	M.I.	Last Name/Organization Name		Amount of Contribution		
Address	,=4					
City	State	Zip Code				
Occupation						
Employer						
First Name	M.I.	Last Name/Organization Name		Amount of Contribution		
Address						
City	State	Zip Code		-		
Occupation						
Employer						
5.TOTAL ITEMIZED CONTRIBUTIONS				M44 550		
(Carry forward to item 3. of next page if (If this is the lest page of contributions, the		pages of this form are used.) must be shown in item 13b. of summary.)		\$11,550		

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE				2. REPORT COVE	RING THE PERIOD	
Citizens for Fiscal Sanity FROM:10/26/						
TOTAL ITEMIZED EXPENDITURES I COMPLETE THE APPROPRIATE ITEM			nter \$0 if first itemized page) NDITURE (any expenditures totaling more than	\$100 to a sinle navee	turing the period	
must be itemized.)	JO FOR E	LACH ITEMIZED EAFL	ADITORE (arry experiments towning more than	TOTO D daglo payoc (dung tro porou,	
First Name	Middle Na	ma	Purpose of Expenditure		Amount of Expenditure	
I socretio	Mildustria		contribution processing			
Last Name/Business Name Donately				\$171.24		
Address			1	Φ1/1.24		
online	10	Taran				
City	State	Zip Code			:2	
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			contribution processing		\$19.57	
PayPal						
Address						
City	State	Zip Code	7			
First Name	Middle Na	me	Purpose of Expenditure	ww.	Amount of Expenditure	
Ashley	I I I I I I I I I I I I I I I I I I I		campaign organizer		\$1,800.00	
Last Name/Business Name			- Campaign organizor	Ψ1,000.00		
Dwire Address			+			
2731 Roscommon Dr.		1	_			
Murfreesboro	State	Zip Code 37128				
First Name	Middle Na	me	Purpose of Expenditure	(II-III-III-II-II-II-II	Amount of Expenditure	
Brian			campaign director		\$8,055.00	
Last Name/Business Name Miller						
Address			1			
26 Hillcrest Rd.	State	Zip Code	-			
ຶ່Waltham	MA	02451				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			campaign supplies		\$3,651.23	
Printing Etc.						
Address 1100 Menzler Lane						
City	State	Zip Code				
Nashville First Name	TN Middle Ne	37210	Purpose of Expenditure		Amount of Expenditure	
T HOLTHAND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		robocalls		\$1,914.82	
Last Name/Business Name Toppossoo Education Ass	cociat	ion				
Tennessee Education Association						
801 Second Ave., North			-			
Nashville	State TN	Zip Code 37201				
5. TOTAL ITEMIZED EXPENDITURES					0.45.04.4.55	
(Carry forward to item 3. of next page if a (If this is the last page of campaign expense.)	dditionel p ditures, th	pages of this form are use ils amount must be shown	ed.) n in item 17b. of summary.)		\$15,611.86	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE				RING THE PERIOD	
Citizens for Fiscal Sanity			FROM:10/26/		
					Amount
3. TOTAL ITEMIZED EXPENDITURES F	ROM PR	ECEDING PAGE (ente	r \$0 if first itemized page)	\$100 to a cialo novo d	\$15,611.86
l	S FOR E	ACH ITEMIZED EXPEN	DITURE (any expenditures totaling more than	\$100 to a signe payee o	uning the period,
must be itemized.)	3100000000	3000	410 42 to 100 100 1	=	A
First Name	Middle Nan	10	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			advertising		\$\$3,419.16
Facebook			i.		
Address					
City	State	Zip Code			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			office supplies		\$10.91
Office Depot					
Address			15 1		
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Brian			computer software & se	rvice	\$93.01
Last Name/Business Name Miller					i ii
Address					
26 Hillcrest Rd.					
Waltham	State MA	Zip Code 02451			
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure	
- All - D. J No.			postage		\$19.60
Last Name/Business Name USPS					
Address					
City	State	Zip Code			
-			777		
First Name	Middle Na	ne	Purpose of Expenditure		Amount of Expenditure
Brian Last Name/Business Name			air travel reimbursemen	t	\$80.00
Miller					
Address			· ·		
City	State	Zip Code	ł		
diy					1
First Name	Middle Na	TIE	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
		1			
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES	E 14				040 004 54
(Carry forward to Item 3. of next page if a (If this is the last page of campaign expen	dditional p	ages of this form are used	.) in item 17b, of summary.)		\$19,234.54
i tii tiis is trie iast page or campaigh experi	unturco, Ul	IN MILITARITY CONTRACTOR	III. Children and Charles and Children and C		



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD			
Citizens for Fiscal Sanity				FROM:10/26/1		
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Loans Received This Perlod	Loan Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	rmë		·		
						ľ
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			
First Name	Middle Na	ine				0 1 2 1
LastName/Business Name						
Address		<u> </u>				
City	State	ZipCode	Date of Loan	The second second second	<u> </u>	
	ļ					
First Name	Middle Na	ime				
Last Name/Business Name						
Address						
City	State	ZipCode	Date of Loan	<u> </u>	•	
First Name	Middle Na	ame	2006		Ĭ	
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan	L	1	
#						Million II - II
First Name	Middle N	31118				
LastName/Business Name			36			
Address						
City	State	Zip Code	Date of Loan	How		NGF
4 TOTAL C					T	
4. TOTALS (Total from 'Outstanding Balance - (End of Period in Item 21 on summary page.)						

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE	1. NAME OF COMMITTEE				2. REPORT COVERING THE F			
Citizens for Fiscal Sanity	1				FROM:10/26/1	4ro:1/15/15		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Name		·					
Last Name/Business Name	1		1					
Address		****						
City	State	Zip Code						
Description of Obligation								
First Name	Middle N	ame						
Last Name/Business Name	1							
Address				,				
Cky	State	Zip Code						
Description of Obligation	1	Jan., 1,						
First Name	Middle N	ame			10			
Last Name/Business Name	1							
Address		1						
City	State	Zip Code		0				
Description of Obligation								
First Name	Middle N	ame	V Fine					
Lest Name/Business Name		111111111111111111111111111111111111111						
Address								
City	State	Zip Code				21		
Description of Obligation								
First Name	Middle N	ame		3841 - 11,11,				
Last Name/Business Name	ļ —		1					
Address			1					
City	State	Zip Code	1					
Description of Obligation								
4 TOTAL C			//	<u> </u>	,			
4. TOTALS (Total from "Outstanding Balance - (End of Period)" in Item 22.b on summary page.)	column m	ust also be shown						

